

Course Registration Form Fall 2014

Student Information

Please Print

NAME: _____

SOCIAL SEC. # (last 4 digits): _____

Employer : _____

Division : _____

TELEPHONE (WORK): _____

TELEPHONE (HOME): _____

HOME ADDRESS: _____
_____E-mail Address: _____

Method of Payment

FIN: available upon request

Individuals: Check Payable to Office of State Human Resources

Check Number: _____

State Employees: Authorization to Invoice Department

P. O. Information (Contact Person, email & phone)

Budget Code: _____

P.. O. #: _____

Misc.: _____

Supervisor Approval (sign): _____

Departmental Coordinator (sign*): _____

Division Approval: _____

Course Code
(Example: 116468)

Course Title & Date
(Example: Excel 2010, Level 1 - 10/01/14)

Course Fee
(Example: \$125)

1.

2.

3.

4.

TOTAL AMOUNT DUE:

*Please Read and Sign Below

1. Make checks payable to the Office of State Human Resources or provide P. O. # and authorization signatures.
2. Mail or deliver the registration form & check to: Professional Skills Program, OSHR-Talent Management, Mailing Address: 1333 Mail Service Center, Raleigh, NC 27699-1333. Physical Location: 101 West Peace Street, Raleigh, NC 27603. Our fax number is (919) 733-8359. Or email it to betsy.knocklein@nc.gov. In need of a W-9? Email heide.rumble@nc.gov
3. *Substitutions/Cancellation/Refund Policies:* You may cancel your registration in writing (or email) up to 10 business days before the course begins, and your registration fee will be refunded **less a \$15 administrative fee**. If you need to cancel less than 10 business days prior to the course start date, you may send a substitute. Your training coordinator must email your cancellation by the 10 business day mark. Please note that if you are 30 minutes late to class, you will not be admitted (with the exception of Notary - where you will not be admitted at all when late). If you arrive late or leave early, you will not receive a "certificate of completion." For more information on this, please call 919-733-8338.

I understand and accept the Professional Skills Program registration policies as outlined.

Signature: _____ Date: _____

Please advise if classroom assistance or specific accommodations are required for:

Interpreter ☐ Wheelchair ☐ Other ☐